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FROM-StoutUxaBuyanMullins

Application Number 10/016,850 TRANSMITTAL RECEIVED Filing Date 12/14/2001 CENTRAL FAX CENTER **FORM** First Named Inventor Hughes OCT 2 2 2007 Group Art Unit 1618 (to be used for all correspondence after initial filing)

				Examiner Name		Fay, Z.			
Total Number of Pages in This Submission 20					Attorney Do	ocket Number			
ENCLOSURES (check all that apply)									
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Amendment/Reply			P	etition		Appeal Communication to TC (Appeal Notice, Brief, Roply Brief)			
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Response to Missing Parts under 37 CFR 1.52 or 1.53									
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Firm Name	Stout,	Uxa, Bu	yan & Mu	ıllins, LL				-	
Signature									
Printed Name Carlos A. Fisher									
Date 10/22/2007					Reg. No.		36,510		
CERTIFICATE OF TRANSMISSION/MAILING									
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mall Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
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10/22/2007

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Carlos A. Fisher

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FEE TRANSMITTAL for FY 2005 Application Number 10/018,850 EIIND Date 12/14/2001 OCT 20/07 Application claims small exity status. See 37 CFR 127 Application Number 19/018,850 EIIND Date 12/14/2001 OCT 20/07 Application claims small exity status. See 37 CFR 127 AT Link 1618 TOTAL AMOUNT OF PAYMENT (ss.) 450 Altorney Dockel No. D-3004 METHOD OF PAYMENT (see all exit status) Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None	1:03AM	FROM-StoutŲ	JxaBuyanMu	llins		+949-	450-1764	T-12	8 P.00	12/020 F-5	23
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